

Appendix B

County Human Services Plan Template

The County Human Services Plan Template is to be used to submit the information as outlined below. It is to be submitted in conjunction with Appendices A and C (C-1 or C-2, as applicable) to the Department, as directed in the Bulletin.

PART I: COUNTY PLANNING PROCESS

Centre County Planning Team includes the following departments: Children & Youth Services, Mental Health/Intellectual Disabilities/Early Intervention - Drug & Alcohol, Office of Adult Services, Commissioners Office, Controllers Office and the residents of Centre County. Each department received input from their respective providers of Block Grant services in regards to service needs, programming, measures to be monitored, and funding. Individuals who receive services were provided the opportunity to give feedback on the services through the public hearing process. Centre County Planning Team held a Provider Summit in April 2014. The Summit provided all Block Grant Providers the opportunity to discuss the current service continuum, look at needs of our clients, review gaps in our services, and discuss best practices Centre County can develop in the future. We compiled the information at the Summit, shared with providers and United Way to determine future services and programs to assist our residents.

The county departments and providers of Block Grant services have a variety of program evaluations, surveys, and opportunities to discuss services throughout the fiscal year. Individual departments work directly with the providers on feedback, services, needs and funding throughout the year to scope the development of the Block Grant. Advisory Board and Board of Commissioners meetings held throughout the year that are open to the public provide the opportunity for input from the community. Community Support Program and Consumer/Family Satisfaction Teams provide consumers and family members the opportunity to provide feedback on services. Recovery-Oriented Systems Indicators (ROSI) meetings provide opportunities to provide feedback on visions and mission statements from programs and services within Centre County. Centre County Youth Service Bureau conducts consumer satisfaction reviews for Children and Youth Services within the Block Grant. Community providers have internal evaluation reports, surveys, and offer consumer feedback opportunities during and after services are completed. Departments conduct provider review meetings for services and on-site provider reviews are conducted annually. For the Intellectual Disabilities Program, satisfaction will be determined through the SCO survey and the Independent Monitoring for Quality (IM4Q) processes, with results shared with the Centre County Quality Council and incorporated into the Quality Management plan.

During the last two fiscal years, Centre County needed to process the 10% funding reductions we received with our providers and our service continuum to minimize the effects on our clients. As we enter the new fiscal year, Centre County feels prepared to expand the flexibility of the Block Grant and develop additional service opportunities for our residents. As we enter the new fiscal year, Centre County is looking to expand our

service continuum. Each department has determined that the transitional age group is a population we can combine our efforts to assist. As Centre County has a high population rate of this age group, we often interact with this population in variety of avenues. One area that is mutually expressed as a need is housing supports. Centre County will look to expand housing programs for the transitional age population and use Block Grant funding from each department to develop a program that works for Centre County.

The Centre County Planning Team reviews all the above data, provider and consumer feedback, and discusses needs and gaps in our service continuum to determine our Block Grant plan. The departments stress the need for services that allow residents to be proactive in their needs, disabilities, and/or crises. Our services provide a safety net for individuals and families and promote an interacted service system to maximize our providers and services. With this information, the departments are able to shift funding as seen as appropriate. During this past fiscal year, Children and Youth and MH/ID were able to shift funds into Homeless Assistance Programs and Human Services and Supports due to the need of their clients to rely on these necessary supports to meet their basic needs. Rental Assistance, Specialized Services, and Adult Services were all areas that funding was shifted from other departments into. MH/ID Funding has also supported outpatient Drug and Alcohol treatment as our county, as many counties in Pennsylvania, are struggling to meet the demands of substance abuse. During the year, we recognized the need to increase outpatient treatment and transferred funds as needed.

PART II: PUBLIC HEARING NOTICE

Centre County held two public hearings on June 16 and June 17. Attached to the Appendix is documentation of the Legal Advertisement posted in the local newspaper and on the county website. Departments sent out notices to providers, consumers, family members, etc. to attend the public hearings.

Please provide the following:

1. Proof of publication of notice;
2. Actual date(s) of public hearing(s);
3. A summary of each public hearing.

PART III: WAIVER REQUEST

No waiver is being requested by Centre County.

PART IV: HUMAN SERVICES NARRATIVE

MENTAL HEALTH SERVICES

a) Program Highlights:

- Mental Health Matters Grant:
 - Centre County Mental Health (CCMH) was awarded \$4,800.00 for an OMHSAS Mental Health Matters Grant. This funding opportunity supported an anti-stigma campaign through the use of bus posters. Through this grant CCMH also partnered with Pennsylvania Link to Aging and Disability Resources in order to fully fund the project for an additional \$2,670.00. In coordination with the Centre Area Transportation Authority (CATA) the posters were hung in 64 buses for the period of October 2013 to October 2014. CATA has an annual ridership of 7.5 million people, and serves both the local residents and Pennsylvania State University students. The posters focused on eliminating discrimination and stigma. Contact information for the local mental health crisis line, MH/ID/EI-D&A office and Pennsylvania Link is also provided.
 - The Centre County Crisis Intervention Team (CIT) was also awarded \$5,200.00 in Mental Health Matters Grant funds. Those funds were used to defray the costs for conferences and training seminars as well as the purchase of promotional materials.
- Centre County is fortunate to have a Crisis Intervention Team (CIT) which continues to train: township; borough and university police, county correctional officers and Sheriff's Department staff, crisis intervention staff, and staff from the local 911 dispatch department and ambulance services. There are also often participants from NAMI as well as various mental health professionals from the community. The training provides officers and staff with extensive information on mental illness, symptoms, recovery, medications, local resources, and de-escalation skills that they can utilize when assisting a person experiencing a mental health crisis. CIT works in collaboration with the local crisis intervention services, and has been able to successfully divert numerous individuals, with mental illness, from incarceration and inpatient hospitalization. The CIT will soon be incorporating new components into their curriculum. The trainees will be receiving additional knowledge and skills in order to effectively manage crisis situations that involve a person with Autism Spectrum Disorder. Specialized sessions focusing on Veterans and Youth will begin in 2015. The Centre County CIT program will be completing their eighth round of training in June of 2014.

- In 2013 Centre County was awarded its second Pennsylvania Housing Affordability and Rehabilitation Enhancement Fund (PHARE) Grant; offered through the Pennsylvania Housing Finance Agency. CCMH and Centre County Intellectual Disabilities will look to increase the utilization of these dollars as HealthChoices reinvestment Housing Contingency funds are depleted and Homeless Prevention and Rapid Re-Housing (HPRP) funds expire. The disproportionately high cost of housing in Centre County makes it particularly difficult for individuals in recovery to secure and retain permanent affordable housing.
- CCMH has undergone several changes over the last year in the provision of psychiatric services. In March of 2014 one of the independently contracted psychiatrists terminated their contract because they were relocating to another state. This created the need to transfer hundreds of individuals to existing Outpatient Mental Health providers in our network; for their psychiatric care. In addition, another contracted psychiatrist will not be renewing his contract as he is retiring his practice at the end of June 2014. CCMH continues to collaborate with Community Care Behavioral Health (Community Care) to support network expansion as well as capacity for county-funded individuals.
- CCMH's TCM Program continues to enhance collaboration with physical health care providers as well through TCM linkage and the partnership with Community Care in the Patient-Centered Outcomes Research Institute (PCORI) grant. This option prescribes psychiatric medication management care for some and supports overall wellness for many. CCMH is focused on the expansion of outpatient psychiatric services in the provider network and physical care systems.
- CCMH has been able to expand Supported and Supportive Living options for individuals with mental illness, individuals that are dual-diagnosed and individuals with co-morbid physical needs. Two providers now support ten individuals with these services. These individuals are well supported in a permanent housing option. The Individuals in these programs are responsible for their costs to maintain the residence. CCMH funds for the behavioral health supports that designed to specifically meet the needs for the each individual.
- CCMH was awarded two Community-Hospital Integration Project Programs (CHIPPs) in FY 2013-2014. Both individuals were discharged from Danville State Hospital (DSH) following extensive hospitalizations. The first discharged occurred on November 27, 2013, and the second on May 19, 2014, well before the end of the fiscal year. The first CHIPP individual has been well-supported by a holistic residential service option located in Eastern Pennsylvania with CCBH managed care funds. This is the longest period of time they have been effectively supported in the community. The second CHIPP experienced a very smooth and seamless transition out of the state hospital with the support of a local provider, his family and state and county staff. His CHIPP funds are not only supporting his mental health needs, but some unique - debilitating physical

health needs as well. This has been accomplished through individually designed housing supports that focus specifically on their overall wellness.

- CCMH is pleased to report that currently, there are only three individuals from Centre County utilizing state hospital inpatient services.
- As a result of the 2013-2014 CHIPPs, Centre County's bed cap was reduced to seven. Centre County has maintained the mandated state hospital bed cap since 2006, and had no admissions the entire fiscal year of 2009-2010 and no admissions since July of 2013.
- Targeted Case Management (TCM) services were expanded this fiscal year through the coordination of managed care and county funding. We made adjustments within the entire mental health unit to convert three Administrative Case Management (ACM) positions to TCM positions in order to increase the face-to-face contact with individuals in their home environment. An additional highlight to these adjustments is that the three additional TCMs are credentialed in Wellness Coaching through the PCORI grant. Therefore, more individuals in our community are engaged in their own overall mental and physical health wellness. It also means the TCMs are building more collaborative relationships with the local physical health care providers.
- CCMH maintains a Transition-Age Administrative Case Management (ACM) position that supports individuals, ages 16 to 26, transitioning into the adult mental health system.
- CCMH's CASSP Coordinator was chosen to be a part of the Transition Age Youth/Young Adult Workgroup formed by OMHSAS that focuses on gaps in the service delivery system. The workgroup identifies what each county is doing well to serve this population as well as ways to make changes to the service delivery system in the future. The group plans on developing a work-plan to help get this accomplished. The Workgroup will initially focus on small goals that can more readily be accomplished, while addressing the broader focus of positive change to the service delivery system.
- The County Administrator and CASSP Coordinator participate on the Advisory Committee for the Children Advocacy Center, which first opened its doors in January of this year.
- In partnership with the Centre County Housing Authority (HA), CCMH supports individuals with disabilities and those that are homeless with Shelter+Care and Section 8 Vouchers.
- CCMH was able to create a MH Program Specialist position this year that will focus efforts on quality monitoring, measures, compliance and initiatives.

b) Strengths and Unmet Needs:

- Older Adults (ages 60 and above)
 - Strengths:
 - Centre County Mental Health (CCMH) and the Centre County Office of Aging align crisis and protective services when older adults are in need

of these services, as well as through Project SHARE (Senior Centers and Mental Health: Activities, Resources, and Education).

- The “Mental Health Services in Centre County” resource book provides information on how to access services as well as educate the public on mental health disorders and the service delivery system. The funding is coordinated through LINK to Aging and Disability Resources, who are covering printing costs for an additional 2,500 books.
- Needs:
 - CCMH would like to re-implement Project SHARE (Senior Centers and Mental Health: Activities, Resources and Education) to further support the mental health needs of the older adult population by providing education and resources to each of the local senior centers on a monthly basis. CCMH plans to look at this in 2014-2015 with the assistance of either the ACM Unit or the MH Program Specialist.
- Adults (ages 18 and above)
 - Strengths:
 - CCMH continues to utilize the last of the housing reinvestment funds to support housing case management services within our community. This is accomplished in collaboration with Centre County Adult Services funding.
 - In partnership with Huntingdon, Mifflin, and Juniata County Mental Health the Seven Mountains Warm Line continues to operate under reinvestment funds received by CCBH and approved by OMHSAS. These funds will terminate at the end of this fiscal year. CCMH plans to continue funding this locally successful consumer-driven service through county block grant funds.
 - CCMH is planning to expand Representative Payee services, with county block grant funds, next fiscal year as this service continues to be an expressed need for individuals in our community. This service supports individuals that are also involved with our Intellectual Disabilities, Drug and Alcohol, Children and Youth Services, Housing, Aging and Adult Services partners.
 - CCMH continues to expand mobile and site-based psychiatric rehabilitation services within our community. We continue to receive feedback, from individuals that utilize mental health services, that this service effectively supports their recovery. The expansion of these services is funded with supplemental service funding made available through Community Care and county funds. These services are also widely utilized by individuals involved with our county block grant partner offices.

- Due to the main campus of The Pennsylvania State University being located in Centre County, CCMH interacts with the student population routinely, with all services.
- Located in Centre County are two State Correctional Institutions (SCIs). CCMH works in conjunction with both SCIs to support incarcerated individuals and individuals transitioning from these facilities with their mental health needs here and within their home counties.
- Crisis Intervention and Delegate services have been delivered by one provider since October of 2013, which enhanced the daily continuity for individuals utilizing these services as well as their family members the CIT participants and the general community.
- In partnership with the Centre County Housing Authority, CCMH supports individuals with disabilities and those that are homeless with Shelter Plus Care and Section 8 Vouchers.
- In partnership with Huntingdon, Mifflin and Juniata County Mental Health a Mental Health Association continues to be developed, previously with reinvestment, now with county funds.
- CCMH provides funding for vocational training, supported employment, Transitional Employment Placements (TEPs) and competitive employment through job coaching, psychiatric rehabilitation, case management and CRR services. CCMH and Intellectual Disabilities Employment Committees continue to join efforts to promote employment opportunities and outcomes for youth, transition-age and adult individuals. CCMH will continue to fund and expand consumer-run programs in the community as funding permits.
- CCMH supports three Community Residential Rehabilitation (CRR) sites operated by two distinct providers. All sites provide rehabilitative skill building services. These services are highly utilized by CCMH for individuals being discharged or diverted from state hospitals, correctional facilities and Residential Treatment Facilities (RTFs). These services are also utilized when individuals living in the community have been identified to have a need for greater living or mental health supports. Centre County Housing Authority continues to support the application of housing vouchers to the CRR programs, which support individual transitions.

- Needs:
 - CCMH will continue to expand psychiatric service options for CCBH-eligible, low-income third-party insurance-eligible and county-funded individuals so people are able to choose the services and supports unique to their recovery process.
 - CCMH has been impacted by the loss of billable travel within the TCM program. This has created the need to find alternate means of transportation for many of the individuals we serve in our large - rural community who don't have access to public transportation. The TCMs have made concerted efforts to reduce the no-show rates of individuals utilizing this service. These no-show rates greatly impact the cost-effectiveness of the service.
 - CCMH needs to expand individual community mobility options for the individuals we support in our community.
 - Continue to secure an array of housing options to meet a greater number of individual needs including residential services specific to the transition-age population.
 - Centre County will continue to collaborate with the Department of Corrections to ensure continuity of services with their home counties for individuals being released from our local SCIs.
 - Mountain View Drop-In Center closed its doors this year due to sporadic and low attendance each evening despite efforts to promote. The provider is working towards better utilization of the space by expanding clubhouse services to include a snack shop and career and development unit.
- Transition-Age Youth (ages 18-26)
 - Strengths:
 - A major strength for CCMH is the Transition-Age ACM. Her knowledge of local, state, and national resources is extensive. What she is able to share is not only beneficial to individuals on her caseload, but for local service providers and community partners as well. The Transition Age ACM participates in numerous meetings/committees including Transition Council Meetings, Roundtable Subcommittee through BARJ, and the annual Transition Night event for parents and students graduating from high school.

- The CASSP Coordinator and transition-age case manager collaborate with the Centre County Community Support Program (CSP) as well as Central Region CSP.
- Centre County offers a Transitional Living Program and an Independent Living Program. There is also a homeless shelter available to those adolescents who need it.
- Local service providers, community partners, and other County Agencies have developed a great working relationship that aides us in assisting this diverse population in a collaborative manner.
- Needs:
 - One struggle CCMH faces is the need for more affordable housing for the transition-age population who want to be independent and work on their own recovery and resiliency in a supportive and positive manner.
 - Another unmet need, which is frequently voiced by individuals in Centre County, is the lack of access to public transportation. It's not only to medical appointments, but for non-medical purposes too. Individuals can utilize County Transportation for their medical appointments if they have Medical Assistance or pay out of pocket, which can be a very expensive ride. There is a CATA bus system but if you live in the more rural areas of Centre County this is not an option.
 - One of biggest needs is the lack of services/supports for life skills mentoring. Certified Peer Specialists are great resources for the adult population. This service would also be an asset to individuals under the age of 18. This is a great way to build confidence and self-esteem in our adolescents.
 - There are currently ten transition-age individuals incarcerated in the Centre County Correctional Facility.
- Children (under 18)
 - Strengths:
 - For school year 2012-2013 there were a total of ninety-eight Student Assessment Program (SAP) Assessments completed. In the current school year there have been sixty-one Assessments completed thus far. There are monthly District Council meetings that the CASSP Coordinator attends in partnership with our Drug and Alcohol Assistant Administrator, the Central Intermediate Unit #10 Representative, a

State SAP Representative, school personnel and others who provide consultation and programs in the schools.

- CCMH has provided respite services to four adolescents so far this fiscal year. Respite has helped keep these children in their homes and out of an inpatient setting; as it provides support to the individual and their family.
- Partial Hospitalization is provided solely at a children, adolescent, and transition-age level in Centre County. Partial hospitalization is offered either in conjunction with a school district with education base funding or through a free standing community provider with Community Care. CCMH does not fund this service directly.
- CASSP allows for a multi-systemic approach to identifying the best possible supports and services to assist families in not only identifying the mental health supports they need, but also spiritual, physical, and social needs for the family in a culturally appropriate manner.
- Bi-weekly CASSP Team meetings bring together various community partners including, Centre County Children and Youth Services, Centre County Juvenile Probation Office, Penn State University's Psychological Clinic, Family Based Mental Health providers, Community Care Behavioral Health, Behavioral Health Rehabilitation Services providers, outpatient providers, school district personnel, and other interested parties. Meetings are held as a preventative measure and help divert children and adolescents from possible inpatient stays as well as alternatives to Residential Treatment Facility (RTF) placement. Centre County has a low RTF utilization rate of 2.0%. We also have a 12.9% recidivism rate for 30 day re-admissions for children and adolescents.
- The CASSP Coordinator is involved with bi-weekly CASSP Meetings, bi-monthly CASSP Advisory Board Meetings, monthly Local Interagency Coordinating Council (LICC) meetings that bridge Early Intervention and children's mental health services, Community Care Behavioral Health's Residential Treatment Facilities (RTF) Collaborative quarterly meetings, and quarterly Behavioral Health Alliance of Rural Pennsylvania (BHARP) meetings for Children's Workgroup, Early Childhood Mental Health Subcommittee, and CASSP Coordinators Subcommittee meetings. The CASSP Coordinator also collaborates with other community partners during quarterly Balanced and Restorative Justice (BARJ) meetings, Multi-Disciplinary Team and Out of Home Placement Team meetings with Children and Youth Services.
- Centre County has been fortunate this year to open a Children's Advocacy Center in February 2014. The CASSP Coordinator was asked to be a part of the Multi-Disciplinary Investigative Team Meeting and Advisory Committee Meeting.
- Centre County has a great CASSP Team. Our communication between provider, community and County agencies is very strong.

- The CASSP Coordinator works closely with our Intellectual Disability and Drug and Alcohol partners for children and adolescents who also require mental health services.
- Our Administrative Case Managers are each involved in various community meeting/committees which focus on specific needs including forensic, housing, and overall community involvement that they share with others. This is a great way for the ACMs to stay current, not only on the needs of children/adolescents, but the strengths, activities, community supports and training opportunities specific to this population.
- Needs:
 - Overall we need to look at ways to increase our communication/working relationship with our local school districts.
- Individuals transitioning out of state hospitals:
 - Strengths:
 - CCMH is fortunate to have the support of providers in making a priority of transitioning individuals utilizing state hospital services back to their home community. The primary support comes from CRR providers, but certainly includes Psychiatric Rehabilitation, Representative Payee, Targeted Case Management, outpatient mental health services, behavioral consultation, Peer Support and crisis intervention providers as well. Individuals making this transition go through an extensive Community Support Plan (CSP) process that includes evaluation and planning from the individual themselves, their loved ones, the clinical teams from the state hospital and the home county and any other party or parties that the individual deems as a life support person. The individual CSP Plan is a document that is amended as needed throughout the hospitalization and then followed in support of a person's discharge from the state hospital. It focuses on the whole person and follows Community Support Program Principles. CCMH supports a DSH Liaison and a CHIPP Coordinator that put forth effort to monitor state hospital admissions and discharges, provide support to individuals utilizing DSH services, diverting individuals from the state hospital and following people that have been discharged from the state hospital in the community to ensure that the needs identified within their unique CSP are being provided and supported. CCMH was also fortunate to receive two CHIPPs in 2013-2014 to enhance community services and supports for individuals transitioning from the state hospital. CCMH is currently providing support to a total of three

individuals in Danville State Hospital. This is the lowest number in monitoring history.

- Needs:
 - Individuals transitioning from the state hospital identify most with the need for housing support. CCMH continues to identify ways to develop a wide array of housing options so that individuals transitioning from the state hospital can be supported with housing that meets their unique need and choosing.
 - It would be highly beneficial to individuals, transitioning out of state hospitals or correctional facilities, if County Assistance Offices would create an early application process. This would allow the appropriate supports to be in place the day of discharge/release. The delay in individuals being deemed eligible for Medical Assistance benefits can be lengthy and jeopardize individual's access to medications, services and supports. CCMH does provide funding to support individuals experiencing difficulty in obtaining benefits upon their return to the community.
 - The need to transition individuals from community hospitals to state hospitals in a timelier manner exists.
- Co-occurring Mental Health/Substance Abuse:
 - Strengths:
 - CCMH has a local agency that is providing co-occurring outpatient services to individuals that are dual-diagnosed. This service is currently supported with managed care funds, but the county will also provide supporting funds effective July 2014.
 - There is a strong mental health and drug and alcohol partnership in Centre County Student Assistance Program (SAP) and CASSP Advisory.
 - Needs:
 - CCMH will look for service expansion opportunities to further support individuals that are diagnosed with mental health and drug and alcohol disorders.
- Justice-involved individuals:

- Strengths:
 - CCMH provides continuity and collaboration with the forensic population by supplying an Administrative Case Manager (ACM) on-site at the Centre County Correctional Facility a half of a work day four days per week.
 - CCMH contracts with a provider who renders outpatient and consultation services to individuals who are incarcerated at the Centre County Correctional Facility (CCCF). Currently, there are thirty-one individuals who are active with CCMH and are incarcerated. This service is provided with county funds as incarcerated individuals are ineligible for medical assistance funds.
- Needs:
 - Individuals that are incarcerated consistently request assistance with finding housing and supports for their transition out of correctional facilities. Individuals are eliminated from Housing Authority support due to their criminal justice involvement. CCMH frequently supports individual's transitions from the CCCF. Community Residential Rehabilitation (CRR) services to this population. CCMH needs to find funding avenues to secure additional housing options for this population
- Veterans:
 - Strengths:
 - CCMH is fortunate to employ a veteran as a Blended Case Manager. Veterans benefit from the BCM's knowledge of the Veterans Administration (VA) system, access, services and resources.
 - Veterans are able to access services with VA benefits, county funds and managed care funds if eligible.
 - Needs:
 - CCMH does not have needs in this area at this time.
- Lesbian/Gay/Bi-Sexual/Transgender/Questioning/Intersex (LGBTQI):
 - Strengths:
 - CCMH has providers that are LGBTQI competent that are accessible with managed care and county funds.
 - Needs:

- CCMH does not have needs in this area at this time.
- Racial/Ethnic/Linguistic minorities:
 - Strengths:
 - CCMH has an array of providers that are racially, ethnically and linguistically competent in their service delivery that people of all ages are able to access with their private or public insurance and/or county funds. Penn State University brings people to Centre County with a wide variety of backgrounds and minorities which CCMH recognizes and supports competently with delivered services.
 - Needs:
 - CCMH does not have needs in this area at this time.
- b) Recovery-Oriented Systems Transformation:
 - A program that is tailored around the principals that guide psychiatric rehabilitation programs in the adult world is needed for the children/adolescent population. The goals of this program would focus on on-going life skills development and ways to maintain them, structured days, and guiding principles to allow children/adolescents to achieve their living, learning, working, socializing and wellness goals. This program would be accessible to children/adolescents from 3 to 18 years of age. CCMH plans to explore reinvestment and/or supplemental service funding options through CCBH managed care and county-funds.
 - CCMH will continue to develop supported and supportive living programs and sites in order to continue to expand housing options and support unique recovery paths.

INTELLECTUAL DISABILITY SERVICES

↪ Centre County MH/ID/EI-D&A currently uses base monies to fund the following continuum of services including:

- ☐ Unlicensed Home and Community Habilitation
- ☐ Transportation
- ☐ Prevocational Services
- ☐ Behavioral Support Services
- ☐ Employment Services
- ☐ Community Habilitation
- ☐ Residential Services (licensed)
- ☐ Licensed Day Habilitation for Older Adults
- ☐ Respite
- ☐ Homemaker/Chore
- ☐ Home Accessibility Adaptations

↪ Family Driven monies are used for:

- ☐ Family Aide
- ☐ Family Support Services/Individual Payment
- ☐ Recreation/Leisure
- ☐ Home Rehabilitation
- ☐ Vehicle Accessibility Adaptations

	Estimated/Actual FY13/14	Projected in FY 14/15
Supported Employment	21	26
Prevocational Services	5	5
Adult Training Facility	5	5
Supports Coordination (nonwaiver)	179	185
Residential (6400)	2	2
Lifesharing (6500)	0	0
PDS/AWC	1	1
PDS/VF	0	0
Family Driven/FSS/Base NOS*	58	65
Behavioral Support Services	1	2
Home and Community Hab	17	20

*includes transportation

Supported Employment:

Centre County MH/ID/EI-D&A participates in the local Employment Coalition which dovetails with the local transition council. The membership consists of representatives from Administrative Entity, school districts (including the IU), Careerlink, OVR, local

service providers, Supports Coordination Organization, Penn State University Project O.N.E. and family members. Each spring, the group hosts a Provider Night for individuals and families new to services and has developed transition information for dissemination. There are currently 2 local agencies that provide traditional Employment Services.

A group of parents from a local school district are working with local providers and the AE to develop an alternative community habilitation option for recent graduates. The program components include options for community/civic involvement, volunteerism, and internships that could lead to employment opportunities.

Beginning last fall, one of the contracted providers began development of a Job Readiness Program that is based on the philosophy of Employment First and Customized Employment. They have collaborated with the Pennsylvania State University and the Virginia Commonwealth University to create a program that meets the service definitions but emphasizes assessment, development of soft employment skills, and career (as opposed to job) development. A roundtable discussion of this program is scheduled for July 2014 and will include the various stakeholders including ODP, OVR, AE and SCO staff.

The AE and SCO have also met with another agency interested in providing employment services in Centre County. They utilize their in-house business/store to do assessments with the potential for employment in-house or at other community businesses.

The local agency that provides prevocational services has a community component to promote volunteerism, civic responsibility and community awareness. This provider is organizing meetings with various AEs and SCOs to discuss alternatives to this traditional model of service.

Centre County continues to receive Employment Pilot funding. This funding has historically been to be used to support the individuals not in either waiver who fall within the pilot guidelines. As the new and varied opportunities are developed/ implemented in the upcoming year it is anticipated that the Employment Pilot funding can be used to support individuals in these new options as well as traditional supported employment.

Base Funded Supports Coordination:

Centre County MH/ID/EI-D&A currently has 1 individual residing in a state center and no one residing in a state hospital. We are not currently involved in either the Benjamin or Jimmy litigation. The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, Juvenile Probation, ODP, etc.) when transitioning young adults from facility settings to the community. This includes regular participation in team meetings, community placement search/referrals, liaison to Central Region ODP, updating the ISP as needed and management of waiver capacity. Internally, the SCO and MH case management collaborate to identify primary case management responsibilities for individuals who are dually diagnosed.

Lifesharing Options:

Centre County MH/ID/EI-D&A currently has 2 Lifesharing placements. The local Lifesharing Coalition is made up of representatives from the AE, SCO and local providers. In the past, they meet quarterly and developed a strategic plan that is reviewed regularly. A representative from the AE participates in Lifesharing activities at local, regional and state level. Past activities include newspaper articles, flyers, presentations to civic organizations, mailings to churches, participation in local fairs and events, and media campaigns (print, radio and television). Centre County continues to actively work with various stakeholders to promote and expand Lifesharing as a residential option.

Cross Systems Communications and Training:

Centre County AE and SCO regularly participate in local trainings and meetings to gain knowledge of other service systems/resources. In the past training on the ID system has been provided to other county offices and the local MCO. As the implementation of APS unfolded in the past year, the AE participated in meetings with local stakeholders including local AAA, Clearfield County AAA, Adult Services and local Mental Health Administration to develop protocols to ensure the effective implementation of APS. The AE has collaborated several times in the past year with the local Aging Office and the Clearfield AAA to follow up on Adult Protective Services (APS) concerns. Both AE and SCO staff participate in the regularly scheduled APS calls sponsored by ODP.

The AE and SCO work with other stakeholders (MCO, Education system, RTF staff, CYS, ODP, etc.) when transitioning young adults from facility settings to the community. The AE is also a part of the CASSP Advisory Board

In the past year, the AE and SCO collaborated with the local hospital, OMHSAS, ODP and a local provider to divert a state hospital for an individual with a dual diagnosis. This involved collaboration of funding to provide supports while working with ODP to procure the needed Consolidated Waiver opportunity.

Emergency Supports:

The AE and SCO collaborate with other county agencies and community resources when responding to an individual in need of emergency supports. In the past the AE and SCO have worked with the MH system, Housing Authority, local shelters, local rep payee service, Adult Services, Local Aging Office, personal care homes, CYS and various other service providers to meet the needs of individuals.

Centre County MH/ID/EI-D&A contracts with a local provider for after-hours emergencies. This provider has a call down list of AE staff to contact when necessary. The AE monitors base dollars on a monthly basis to effectively and efficiently allocate funds as needed. The AE and SCO meet bi-weekly to review waiver capacity and the PUNS in an effort to identify and mitigate potential emergency needs.

Administrative Funding:

Centre County MH/ID/EI-D&A will continue to monitor the requirements of the Administrative Entity (AE) Operating Agreement through the existing practices established by the Office of Developmental Programs (ODP): Administrative Entity Oversight Monitoring Process (AEOMP) and the remediation process. AE Operating Agreement duties assigned to the Supports Coordination Organization (SCO) will be monitored in accordance the AE/SCO agreement and reported to ODP per their guidelines. The AE meets monthly to review the status of base funded services and contracts as well as regularly monitoring utilization of services via HCSIS, reviewing and adjusting for unused units. Utilization is also reviewed and the frequency and duration is adjusted during the ISP Fiscal Year Renewal process.

County level measures:

The goal of the local ID service system is to maintain and monitor services for eligible individuals in a cost effective manner. The AE will use information from HCSIS to review utilization of services to maximize the use of non-waiver funding. Satisfaction will be determined through the SCO survey process and IM4Q, with results shared with the Centre County Quality Council and incorporated into the Quality Management plan.

HOMELESS ASSISTANCE SERVICES

Centre County continues to deal with affordability housing issues that affect our residents. We provide a continuum of services in the county to assist homeless and/or prevent homelessness when achievable. Due to three mobile home park closures and two fires, we have established a strong response team (Disabled Residents Team) to assist families during this traumatic time. All Human Service Block Grant providers in HAP and HSS participate in this team. We mobilize and meet with families as soon as possible to discuss their housing needs, basic needs, transportation, employment, budget and family concerns. We then work with the family as team with caseworkers focusing on housing, basic needs, etc. to assist the family during this transition. Families have moved into our homeless shelters, into Bridge Housing, received RAP assistance for their new homes. This influx of families has been in addition to the already increasing request for assistance by those seeking housing in Centre County. We continue to meet regularly, participate in the January and August Point in Time Counts, and work with all service organizations assisting families in need of housing. We continue to struggle with the loss of affordable units competing with new student housing development. As our inventory decreases, our providers work harder to establish and maintain positive working relationships with our landlords to provide affordable housing. We have a minimum of a four year wait list for Housing Choice Voucher program so we maximize all housing program opportunities in the county, especially those related to sub-populations (mental health, children and youth involvement, etc.)

	Estimated/Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Bridge Housing	16	18
Case Management	905	994
Rental Assistance	320	357
Emergency Shelter		
Other Housing Supports		

Bridge Housing:

Bridge Housing allows homeless residents and families the opportunity to live in an apartment while working on their goals toward interdependence living over a twelve to eighteen month period.

- Centre County currently has five Bridge Housing units, two with one provider and three with the domestic violence provider. The providers maintain the leases on four of the five units in the county. The tenant based rental unit has proved successful for clients looking to establish credit, landlord references, etc. The domestic violence provider offers the tenant based rental unit.
- Centre County Office of Adult Services meet with Bridge Service Providers monthly to discuss participants, vacancies, applications, and overall needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Case Management:

Housing Case management is the keystone service for residents in Centre County seeking affordable housing.

- Housing Case management provides support, resources, budgeting skills, and advocacy for our residents. Housing Case management works with the homeless shelters, Housing Authority of Centre County, human service agencies, developers, landlords, county agencies, and faith based organizations all for the need to find housing.
- Housing Case management has two elements, client based services and information and referral. Residents seeking client based services meet with the case manager, establish goals, budget, needs, etc. and actively work with the case manager on finding housing. Information and referral allows residents simply seeking rental information to contact the case worker and receive up to date listings of units located throughout Centre County.
- Housing Case Management maintains a Housing Resource Guide available to residents, human service agencies, businesses, etc. to assist in finding affordable housing.
- Our county continues to struggle with the availability of affordable housing with three recent mobile home park closures and two fires in the past 20 months. The most recent closure will be facilitated during this upcoming fiscal year. The services of Housing Case Management have been instrumental in assisting residents in finding safe, accessible, and affordable housing. Housing Transitions, Inc. is the provider for Housing case Management services.
- Centre County Office of Adult Services meets with Housing Case Management Provider monthly to discuss participants, housing concerns, and overall needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Rental Assistance:

Rental/Mortgage Assistance Program (RAP) provides rental or mortgage assistance to homeless or near homeless eligible residents in Centre County. RAP referrals come from human service agencies across the county and the provider completes the necessary intake paperwork and works with the landlords and/or mortgage companies to provide the assistance. The provider can meet with residents at various locations throughout the county to assist with transportation costs and concerns.

- Interfaith Human Services is the provider for RAP services.
- Centre County Office of Adult Services meets with the RAP Provider monthly to discuss clients, availability of funding and needs of the program. The office also conducts annual on-site monitoring to include chart reviews, fiscal reviews, and staff interviews.

Emergency Shelter:

- No funding is provided for this service as the providers receive funding from other local, state and federal programs. Centre County has three homeless shelters:

- Centre House which provides for men, women and children;
- Centre County Women's Resource Center for women and children fleeing from domestic violence;
- Centre County Youth Service Bureau which provides for voluntary shelter for both males and females ages 12 through 18.

Other Housing Supports:

Due to budgetary constraints, this service is not available in Centre County.

Describe the current status of the county's HMIS implementation.

Centre County provides the required data entry into the HMIS for programs receiving funding through Housing and Urban Development (HUD) with coordination of the PA Department of Community and Economic Development (DCED). Providers of services that include supportive housing, SSO services, and Shelter Plus Care Programs have participated in the HMIS program. Providers involved with the Homeless Prevention and Rapid Re Housing Stimulus Program (HPRP) also provided the necessary data entry into HMIS.

CHILDREN and YOUTH SERVICES

“Please refer to the special grants plan in the Needs Based Plan and Budget for Fiscal Year 2014-2015.”

Two major challenges for Centre County residents are high housing costs and high child care costs. Due to the cost of living in Centre County, the population served by the agency is often forced to reside in more rural areas with less access to community resources. We are also beginning to see an increase with drug usage among our young parents. All three of the HSBG funded programs assist in these issues. It is critical that residents maintain existing housing as recent closings of 3 major mobile home parks have resulted in a significant decrease in affordable housing. Programs like Money Management and DeClutter are often able to intervene before housing is lost. FGDM has been instrumental in helping families with drug issues identify and plan for problems prior to the removal of a child becoming necessary. In terms of successes, despite the challenging economic climate, the agency has been able to consistently maintain a high level of in-home services to Centre County families. These in-home services are instrumental in preventing out-of-home placements and assuring safety of children. However, the provision of these services, prior to placement, can be viewed as a success and a challenge. It is a success because of placement prevention and children can safely remain in the home. This becomes a challenge when placement becomes necessary as most non-emergency placements occur only after services have been exhausted which presents a challenge to reunification services often resulting in a lengthier time to permanency.

Outcomes		
Safety	<ol style="list-style-type: none"> 1. Children are protected from abuse and neglect. 2. Children are safely maintained in their own home whenever possible and appropriate. 	
Permanency	<ol style="list-style-type: none"> 1. Children have permanency and stability in their living arrangement. 2. Continuity of family relationships and connections if preserved for children. 	
Child & Family Well-being	<ol style="list-style-type: none"> 1. Families have enhanced capacity to provide for their children's needs. 2. Children receive appropriate services to meet their educational needs. 3. Children receive adequate services to meet their physical and behavioral health needs. 	
Outcome		Measurement and Frequency
		All Child Welfare Services in HSBG Contributing to Outcome

Safety	In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks the number of families referred to the program by CYS a second time (1 family was referred for a second time, 9%); Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain (83% of the families showed improvement from intake to case closure); Objective #3 tracks the number of clients who lose subsidized housing due to home conditions within one year of services closing (1 family lost their housing 14%).	DeClutter
Permanency	In an effort to measure the effectiveness of the program as it relates to permanency we track this outcome; Objective #2: to achieve successful adherence to the plan developed in Family Group conferences for those referrals involving permanency decisions one year after plan development; (71% of the plans that were developed including a permanency decision adhered to that plan within one year of the original plan)	FGDM
Child and Family Well-being	In an effort to measure the effectiveness of the program as it relates to child and family well-being we track	Financial Money Management

	<p>three outcomes: Objective #1: to assist families in not having their electric shut off (100%, none of the families served by this program had their electricity shut off); Objective #2: to aide families in maintaining their housing (100%, none of the families served lost their housing due to non- payment of rent); Objective #3: to assist families in meeting their basic needs (100%, none of the families involved with this program required additional financial assistance from CYS)</p>	
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For each program being funded through the Human Services Block Grant, please provide the following information. The County may copy the below tables as many times as necessary.

Program Name:	Family Group Decision Making
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	X			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

- Family Group Decision Making (FGDM) is a family-centered practice that utilizes family input within a structured process guided by professionals to create a plan that is unique to every family. Family is loosely defined and can include anyone the family identifies as a support to them. Currently in Centre County, we use also use FGDM as a way to develop Transition Plans for youth aging out of the CYS system. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1: to integrate FGDM into standard practice in the

CYS intake process; Objective #2: to achieve successful adherence to the plan developed in Family Group conferences for those referrals involving permanency decisions; Objective #3: to increase Juvenile Probation's usage of this program.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS clients	CYS clients
# of Referrals	64	64
# Successfully completing program	43	42
Cost per year	\$131,250	129,431
Per Diem Cost/Program funded amount	N/A	N/A
Name of provider	Youth Service Bureau	Youth Service Bureau

Due to underspending, we are planning to move the money to programs that experienced overspending and/or had waiting lists in an effort to maximize funding.

Program Name:	DeClutter
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	X			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

- De-Clutter provides help to families with organizing/cleaning their homes. The program engages other family members to help improve the home conditions. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1 tracks the number of families referred to the program a second time by CYJ; Objective #2 tracks improvement on the North Carolina Family Assessment Scale (NCFAS), specifically in the habitability of housing domain; Objective #3 tracks the number of clients who lose subsidized housing due to home conditions, within one year of services closing.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS clients	CYS clients
# of Referrals	18	25
# Successfully completing program	8	13
Cost per year	\$51,091	\$68,987
Per Diem Cost/Program funded amount	\$49.22	\$49.22
Name of provider	Youth Service Bureau	Youth Service Bureau

Program Name:	Financial Money Management
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Please indicate the status of this program:

Status	Enter Y or N			
Continuation from 2013-2014	X			
New implementation for 2014-2015				
Funded and delivered services in 2013-2014 but not renewing in 2014-2015				
Requesting funds for 2014-2015 (new, continuing or expanding)		New	Continuing	Expanding
			X	

- Financial Money Management Program provides help to families with budgeting, bill management, and representative payee. In an effort to measure the effectiveness of the program we track three outcomes: Objective #1: to assist families in not having their electric shut off; Objective #2: to aide families in maintaining their housing; Objective #3: to assist families in meeting their basic needs.

Complete the following chart for each applicable year.

	13-14	14-15
Target Population	CYS clients	CYS clients
# of Referrals	5	7
# Successfully completing program	1	3
Cost per year	\$6,930	6,930
Per Diem Cost/Program funded amount	\$35	\$35
Name of provider	Interfaith Human	Interfaith Human

	Services	Services
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DRUG and ALCOHOL SERVICES

Access to Services

Administrative Case Managers are responsible for completing assessments for both adult and adolescent clients who are requesting medically monitored detoxification and rehabilitation, medically managed detoxification and rehabilitation, halfway house and partial hospitalization. Referrals for assessment for these services can come through any number of sources, including directly from the client, drug and alcohol outpatient providers, the criminal justice system, Children and Youth Services, other human service organizations, or schools. Every effort is made to assess clients within 48 hours of referral.

All clients who are self-referred and requesting outpatient services are given the names, phone numbers and addresses of the SCA's three contracted outpatient providers. The client may then choose an agency and call to schedule an appointment. This affords them a direct link to services at this level of care.

The majority of Probation Department referrals are handled through the Treatment Accountability for Safer Communities (TASC) Program. This program provides assessment, referral and administrative case management for clients involved in the criminal justice system. TASC services are provided on site by TASC case management staff, who assess the client's needs through use of the approved assessment tool and the Pennsylvania Client Placement Criteria (PCPC). Clients appropriate for outpatient treatment are referred directly to one of the three contracted providers, as selected by the client and TASC case manager. The client is responsible for making contact with this outpatient provider following their assessment. Clients in need of inpatient residential treatment are referred back to their referral source. If inpatient treatment is part of their sentence or probationary requirements, arrangements and payment may be handled by the criminal justice system.

Individuals who have Community Care Behavioral Health eligibility under Health Choices may access treatment services either by calling a participating provider directly, contacting Community Care Behavioral Health for provider contact information, or by coming through the SCA. Case management staff are available to assist CCBH-eligible clients with accessing the services they need, either through a formal level of care assessment or by providing provider contact information.

Centre County Drug and Alcohol also offers case coordination services. This program offers case management support to individuals who have ancillary non-treatment needs that have a direct impact on their ability to maintain their recovery. Individuals can self-refer for this service or be referred by a provider, probation/parole, administrative case management or other human service agency.

Waiting List Issues

Due to limited funding, Centre County is currently offering detoxification followed by 14 days of rehabilitation as an inpatient course of treatment for all individuals seeking this level of care.

Halfway house services are being offered only on a case-by-case basis.

Historically, there has not been a waiting list for treatment services at the outpatient level of care. In the last year, Centre County has seen a dramatic increase in the number of individuals seeking drug and alcohol treatment, both at the inpatient and outpatient levels of care. This has resulted in the need for some providers to look at alternative modalities of treatment in order to stretch dollars to cover the demand for services.

The SCA continues to require that clients with insurance pursue services at a provider who accepts their coverage. However Centre County is seeing an increasing number of individuals who have very high deductibles and/or copayments which make accessing treatment services prohibitive for them. In these cases, the SCA evaluates the client's situation, reviews the client's liability and, in some cases, is able to assist with deductible costs. As demand for services increases, the ability of the SCA to continue this practice is in jeopardy.

There is currently a waiting list for intensive case management services, which is a more intensive level of case coordination. Centre County Drug and Alcohol collaborates with its partners in mental health and with Recovery Support Services at Crossroads in order to refer individuals to additional resources that will meet their needs, rather than wait for this particular service.

Coordination Within the County Human Services System

Centre County Drug and Alcohol offers preferential access to services for pregnant women who have substance use/abuse disorders. Case management staff work closely with the referring agency and other resources to assure that the treatment and non-treatment needs of the client are being met. Centre County has also identified community organizations and treatment providers who offer targeted service to this particular population.

Centre County also prioritizes services to adolescents and injection drug using individuals. All outpatient providers and select inpatient providers offer services to these populations. Again, case management staff work closely with the referring agency and other resources to assure that the treatment and non-treatment needs of the client are being met. That collaboration continues upon discharge, as assisting the individual in maintaining their recovery/sobriety is critical for long-term success.

This year, Centre County has also moved forward in collaboration with the Department of Drug and Alcohol Programs' initiatives supporting priority access to treatment for individuals who experience an overdose. The SCA works collaboratively with Mount Nittany Medical Center, the Meadows Psychiatric Center, and other community organizations to provide as direct a connection between emergency care and drug and alcohol treatment as possible.

Centre County also works very closely with the Probation/Parole Department to conduct level of care assessments and offer treatment recommendations for individuals who are seeking consideration for intermediate punishment sentencing. These numbers have increased dramatically over the last several years. This is largely due to referrals for first time DUI offenders with high blood alcohol levels, who are not eligible for ARD sentencing. This process also assures that individuals who have substance abuse-related charges are referred for the services that will address what could be the underlying cause of their current situation.

Local Emerging Substance Abuse Trends that will Impact the Current Services

- Use of heroin and other opiates continues to increase in Centre County. While the numbers may not be as high as some counties, Centre County is seeing a number of lives ending in overdose. From January 2014 through the end of May 2014, 70% of individuals seeking inpatient treatment from Centre County SCA report heroin or other opiates as their drug of choice.
- Pennsylvania Youth Survey data from 2013 shows an increase in marijuana.
- Centre County has seen spiking demand for inpatient treatment. In past years, demand increases would happen at particular times of the year (i.e. January-March period). Over the last two years, these spikes in demand have been sporadic and difficult to anticipate. Budgeting for these services becomes increasingly difficult.
- Centre County has seen increased demand for level of care assessments for individuals coming through the criminal justice system. This is due in part to the number of individuals who are not eligible for ARD and are looking at sentencing options other than incarceration.

Identified Populations:

- **Older Adults (ages 60 and above)**
- **Adults (ages 18 to 55)**
- **Transition-Age Youth (ages 18 through 26)**

- **Individuals with Co-occurring psychiatric and substance use disorders**

Outpatient and inpatient treatment services are both available to the above populations, based on the recommendations from the SCA/provider assessment and PCPC level of care. Block grant funding under this plan is used for both outpatient and inpatient treatment services to these populations.

Centre County is fortunate to work with Crossroads Counseling, who in the last two years has secured its mental health clinic license in addition to its drug and alcohol clinic license. Crossroads is the only provider in Centre County to have both licenses in place. They have recently been added to the Community Care network for mental health services and Centre County will be extending its contract with them for mental health counseling and psychiatric services. This will serve as a very good option for individuals who have co-occurring diagnoses.

- **Adolescents (under 18)**

Outpatient and inpatient treatment services are both available to the above population, based on the recommendations from the SCA/provider assessment and PCPC level of care. Block grant funding supports both of these levels of care.

In the last year, Centre County was fortunate to have an opportunity to establish a community-based adolescent program. This service targets youth who are returning from out-of-home placements (i.e. RTF, inpatient treatment), or who are at risk of such placements. Through this service, a team of master-level therapists work with the adolescent and their family members on a variety of treatment and family issues that have kept this adolescent from being successful at lower levels of care. This program is structured to meet the needs of the adolescent and their family in a variety of locations – home, school and community. To date, this program has been able to report the on achieving very effective outcomes. It has also recently been approved as a billable service to Community Care Behavioral Health.

- **Criminal Justice Involved Individuals**

Centre County SCA has a long history of providing case management support for individuals who are involved with the criminal justice system. Through the Treatment Accountability for Safer Communities (TASC) program, two case managers are dedicated to conducting assessments, making referrals, and providing case management support to this target population. TASC staff serve as liaisons between the treatment providers, the criminal justice system and the individual. Their extensive knowledge of both systems provides a needed resource for those who are new to the court system as well as the treatment system.

The Centre County DUI Court Program provides intensive support and supervision to those DUI offenders who are at the highest risk of reoffending and have the highest need. The target population for this program is 3rd time DUI offenders (within the last 10 years), who had the highest tier blood alcohol level at the time of arrest, and 2nd time DUI offenders with the highest tier BAC, who were previously sentenced to Intermediate Punishment but are now facing a revocation. The DUI Court program provides support with regular judicial reviews, probation supervision, treatment (as identified by the Pennsylvania Client Placement Criteria), and case management support.

Centre County is preparing to work with the Department of Drug and Alcohol Programs and Department of Public Welfare to participate in a jail pilot, which would facilitate the completion of the Medical Assistance application process for those offenders who are being released from jail to go to inpatient treatment. Under this pilot, case management staff assist the individual in completing their application and compiling documentation. The application is then submitted with the date of their release/admission to treatment. Ideally, the individual would be eligible for Medical Assistance and HealthChoices very quickly.

- **Veterans**

Magisterial District Judge Leslie Dutchcot (State College) has been piloting an effort to offer a therapeutic court/treatment option for veterans in her area. While this is still in the very early stages, there is genuine interest in assuring access to resources for this particular population.

Centre County SCA has case management staff with extensive experience working with individuals with a military background. They are familiar with the system and have been quite instrumental in assisting clients in documenting their discharge status and accessing services.

When faced with the challenges of navigating the VA system, Centre County SCA is committed to helping veterans with emergent care needs (i.e. detoxification services).

- **Racial/Ethnic/Linguistic Minorities**

In Centre County, cultural competency efforts have focused primarily on socio-economic status. Centre County SCA, through its Drug Free Communities Coalition, supported a Poverty Simulation Exercise. Through this event, collaborative hoped to raise awareness of the challenges faced by the individuals being served, including the barriers the service system can create with its processes and requirements

Centre County SCA works with Penn State University and local resources to assure that interpreter services are available to individuals who seek services. The greatest challenge in this regard is that, while an interpreter can often be identified, these individuals may have very limited background in addiction and substance abuse. This complicates the translation process significantly, and results in the individual not really receiving a quality and effective service. Centre County will continue to explore options for meeting the needs of these individuals in the coming year.

Recovery-Oriented Services

At this time, Centre County has recovery support services available to adults with substance use/abuse disorders. This would include case coordination and/or a referral to meet with the certified recovery specialist (CRS). Participation in treatment is not required to access these services. A portion of D&A's block grant funding is used to fund case management services to all individuals with substance use/abuse disorders who seek services of this office.

Centre County SCA has been partnering with Community Care Behavioral Health to identify ways to enhance the current recovery support system in order to better meet the needs of the individuals being served. An initial training was held with SCA staff, and there are plans to conduct further training within the provider network and with community-level stakeholders.

With the level of heroin/opiate use in Centre County, there is a broad interest in seeing change within the county and within the drug and alcohol system. It is important to seize on this interest and move ROSC philosophies forward. The greatest challenge in this process is to bring everyone together, in agreement that recovery is possible and the investment worthwhile.

HUMAN SERVICES and SUPPORTS/ HUMAN SERVICES DEVELOPMENT FUND

Centre County has approached the HSS funding as a mechanism to support and be a proactive service provider for adults in our county. By providing services that educate residents on services, programs, benefits, we maximize our local resources with matching state and federal programming. We provide in home services for individuals with short term and long term disabilities that otherwise would have to enter a personal care home or nursing home due to their needs. By providing in home services, we can prolong their living in their own home and improve their opportunities to return to the workforce or maintain their assistance with their disabilities.

By establishing Specialized Services, Centre County has promoted the proactive approach to helping people meet their needs and promote interdependence. Basic Needs case management allows residents to be connected with local, state, and federal resources to solve their needs. Over the past fiscal years that the Basic Needs programs have existed, the funding the providers have raised on a local level has exceeded the funding we have received from the state to provide this service. We have working relationships with faith based organizations, health care companies, all local human service providers, and are an active participant in several groups, coalitions, etc. With the inclusion of Financial Care Management, we took the need for assistance and understanding of financial problems a step further. By educating residents on their budgets, teaching skills most have not previously acquired, and empowering residents on how they can succeed with their budget has provided a reduction on our local, state and federal resources as residents live within their means and capabilities. The HSS allows Centre County to focus on the needs we see each day with our county's specialties, gaps, and overall human services structure to work together to help those in need.

	Estimated / Actual Individuals served in FY 13-14	Projected Individuals to be served in FY 14-15
Adult Services	45	51
Specialized Services	1021	1070

Adult Services:

Centre County implements two Adult Services into our continuum of services: Service Planning, and Homemaker. For all of our programs, we assist individuals at or below 200% of the Federal Poverty Guidelines.

- Service Planning is a vital service within HSS services. This position is contracted through our provider that also is the Housing Case Management and one of the Bridge Housing providers. The overlap of service coordination and needs is evident when working with the staff. The Service Planning case manager meets with residents in the community between the ages of 18-59 who have a variety of needs based on their health, income, family dynamic, and other factors. These residents are often not linked to other county offices such as Mental Health/Intellectual Disabilities or Veteran's Affairs. The case manager does a comprehensive review of their needs and can determine if they

need to apply for benefits, eligibility for homemaker services or waiver services, basic care referrals, and a myriad of other needs. The case manager then links the client to the respective services in our community and continues follow up with the clients until the problem is resolved or on-going management is needed. We estimate to serve 28 clients this fiscal year which is a small increase. We estimate expenditures of \$19,529.

- Homemaker services provide the non-medical personal care needs and basic care for residents over 18 years of age. This provides a necessary service for those in medically compromising situations and provides relief to many who have no support from family or friends to assist with their needs. Our Service Planning case manager assesses the needs of each client to determine their need for homemaker services, the amount of hours they are eligible for, and the longevity of the service that it will be needed for.
- Centre County currently has three Homemaker providers working throughout the county so each client has a choice in their provider. This allows our clients to have a choice in provider and have a longer term relationship with them if needed. We anticipate serving 23 clients during this fiscal year which is a small increase. We estimate expenditures of \$15,000.

Specialized Services:

Centre County has focused on the needs of residents in reaching out for help during a crisis and often feeling like they have nowhere to turn. Centre County has created two distinct Specialized Services to address this need.

- Basic Needs Case Management is a service provided to residents looking for assistance in maintaining their basic needs, such as a home, food, energy assistance, child care, transportation, medical needs, etc. Centre County has two providers for the program, one being at a community help center and another at a medical care center. The case worker meets with the residents and assesses their needs and works on a goal plan. These goals often have to do with maintaining a job, maintaining schooling, maintaining a home, and/or maintaining a family. Our case worker then collaborates with the client and the resources in the community to resolve the issue. The case worker completes the intake and releases and works with county case workers, faith based organizations and human service agencies to collaborate on resolving the issues. The case worker will advocate with landlords, employers, etc. to find assistance and/or accommodations for their needs. The case worker refers the clients to mainstream resources including Medical Assistance, Social Security, and other benefits including food pantries. If financial assistance is needed, the case worker works with to advocate on their behalf to receive financial assistance and the client has to contribute towards resolving the issue as well. Community Help Centre and Centre Volunteers in Medicine are the providers for the basic needs program. We estimate to serve a total of 1,040 clients with this service throughout Centre County which is a small

increase from last fiscal year. We estimate expenditures of \$36,055 between the two providers.

- Financial Care Money Management Program is an innovative service provided to residents in Centre County. Financial Care Coordinators meet with residents struggling to maintain their finances, pay their bills, and stabilize their household. Many residents have limited budgeting skills and fall on difficult times. Some clients have mental health or intellectual disabilities that limit their understanding of budgeting needs. Some clients have never had the responsibility before but due to deaths or relationship changes, are now responsible for the budget. The Financial Care Coordinators meet with the clients, review their income, bills, and living situation, and develop a plan with the client to improve their situation. The contract includes funding from Children and Youth Services, Adult Services, and Office of Aging. Interfaith Human Services is the provider. We estimate to serve 30 clients during this fiscal year which is a small increase from last year. We estimate expenditures of \$5,500 through Adult Services.

Interagency Coordination:

Interagency Coordination is conducted through the Office of Adult Services. Staff is available to handle client calls to refer them to properly needed services to match their needs. Staff is actively involved in the community and residents to assess the needs. All providers of Human Services and Supports meet monthly with Office of Adult Services and/or a provider to monitor the program; client's needs, and discuss issues within the services. Staff sits on a variety of committees including the Centre County Council of Human Services, Centre County Affordable Housing Coalition, Centre County Partnership for Community Health, Centre County Community Safety Net, and Centre County Crisis Intervention Team. These collaborations are vital for the coordination of not only state funded programs but the link to private partnerships such as faith based organizations, United Way, and local leaders. Training is provided through collaborations such as the Centre County Council of Human Services.

Centre County Crisis Intervention Team (CIT) is law enforcement, criminal justice training curriculum to assist in handling crisis situations with reduced harm to officers, residents, and linking the person to resources in the county to address the crisis. Providers of Human Services and Supports actively participant in the CIT training and the Office of Adult Services maintains a leadership role within the Steering Committee.